



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation _____

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
APR 26 2024
BY 28136
[Signature]

1. Entity ID Number 000009771	2. Exact name of the Corporation Garofalo & Associates, Inc.
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3. Principal Office Address 85 Corliss Street	City Providence	State RI	Zip 02904
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4. NAICS Code 541360	6. Brief description of the character of business conducted in Rhode Island To conduct, perform and carry out civil engineering, land surveying and land use planning.
5. State of Incorporation Rhode Island	

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Steven B. Garofalo		Vice-President Name David L. Parent			
Street Address 85 Corliss Street		Street Address 85 Corliss Street			
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
Secretary Name David L. Parent		Treasurer Name David L. Parent			
Street Address 85 Corliss Street		Street Address 85 Corliss Street			
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Steven B. Garofalo		Director Name David L. Parent			
Street Address 85 Corliss Street		Street Address 85 Corliss Street			
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip

9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.	10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">NUMBER OF SHARES</th> <th style="width: 30%;">CLASS/SERIES</th> <th style="width: 30%;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">None</td> <td></td> <td></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	None					
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE								
None										

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Name of Authorized Representative DAVID L. PARENT, CPA VICE PRESIDENT	Date 4/16/2024
Signature of Authorized Representative <u>[Signature]</u>	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov